

IDENTIFYING INFORMATION**Offer Identifier:** H_401_28F**Offer Name:** MH / MR / DD County Service Funding**This offer is for a (pick one):**☐ new activity☒ improved existing activity (describe the improvements in your narratives below)☒ status quo existing activity**Result(s) Addressed:****Primary: Improve Iowans' Health**

- All Iowans have access to Quality Care
 - Chronic/Long Term Care
 - Behavioral and Developmental care including substance abuse and mental health treatment
 - Continuity of Care
- Improve Quality of Life
 - Strengthen and Support Families
 - Safe and Health Living Environment for children, persons with special needs and vulnerable populations
 - Community Based Services for person with special needs and vulnerable population
 - Culturally Competent Practices
- Improving the Health Care System
 - Transportation and Physical Access to Care
 - Cross System Referrals and Coordination

Secondary: Safe Communities:

- Prevention
 - Adult Self Sufficiency
 - Reduce Substance Abuse
 - Improve mental health
 - Education, workplace skills
 - Successful Re-entry of Offenders
 - Continuum of sanctions to manage the risk with the proper level of supervision
 - Reduce the risk of re-offending
 - Programs, treatments, employment

Secondary: New Economy

- Education Workforce
 - Skills for a New Economy
 - Training of Existing Workforce
- Attractive Communities
 - Quality Government Services
 - Safety
 - Healthcare
 - Affordability
 - Assessable Health Care

Participants in the Offer: DHS,

Person Submitting Offer: Kevin Concannon, Director, DHS

Contact Information: Mary Nelson, 281-5521, mnelson1@dhs.state.ia.us

Appropriations: Property tax relief standing appropriation, County Allowed Growth appropriation, Community Services appropriation, State Payment Program appropriation

OFFER DESCRIPTION

The Legislature appropriates funding to counties to provide behavioral and developmental care services to persons with mental health and developmental disabilities. Services are coordinated through county Central Points of Coordination. Services include community-based services to help consumers remain in their home community, as well as congregate-based services. Individuals with disabilities that have a county of legal settlement receive their service funding through their county of legal settlement. The State Payment Program provides funding for persons with disabilities that do not have a county of legal settlement.

The Mental Health/Developmental Disabilities system changed dramatically in 1996. It was at this time that new legislation mandated that each county in the state have a county disabilities services management plan that has been approved by the Department of Human Services. Each county plan embraces the values of choice, community and empowerment. A county has to have an approved plan in order to receive the property tax relief dollars from the state. This management plan is the policy manual that covers:

- eligibility criteria for individuals with disabilities
- services a county will fund
- service providers with whom the county contracts
- management procedures to maintain a viable fund

The county central point of coordination then approves expenditures for mental health, mental retardation and some developmental disabilities services (not all counties serve the developmentally disabled beyond mandated services) for individuals with disabilities who meet the clinical, financial and resource criteria set up in the county disabilities management plan.

Once the county has an approved management plan, the county is eligible for property tax relief dollars. The county chose a baseline service-funding amount in 1996 and the state agreed to 'buy-in' (property tax relief dollars) to help the county pay for services for persons with disabilities. The State of Iowa agreed to pay for the growth in the system (allowable growth appropriation). The State also appropriates Community Services dollars to the counties. Each county has a maximum dollar amount that a county can raise for the funding of disability services. The money raised by the county, along with revenues from the state, any federal revenues due to the county for disability services funding, and client participation co-pay money must be contained in a separate fund in the county. Usually called the services fund, Fund 10 or MHDD fund.

Services paid for out of 'Fund 10' include mental health services, coordination services, residential services, work services, supported community living services, transportation services, the non-federal share for mandated services (for people who have legal settlement in the county) which includes: Adult Rehabilitation Option Services (ARO) for individuals with a chronic mental illness, Home and Community Based Waiver Services (HCBS) for individuals with mental retardation, ICF/MR (Intermediate Care Facility/Mental Retardation) for individuals with mental retardation, and half of the non-federal share of Targeted Case Management Services for individuals with mental retardation.

YEAR	PROPERTY TAX RELIEF	GROWTH DOLLARS *	LOCAL PURCHASE DOLLARS **	COUNTY LEVY***	GROSS EXPENDITURES	% State Funds
2004	\$88,400,000	\$34,801,528	\$12,689,934	\$111,686,863	TBA in 12/04	
2003	\$88,400,000	\$31,408,890	\$12,689,934	\$110,716,239	\$284,882,923	
2002	\$88,400,000	\$27,242,974	\$12,689,934	\$106,515,568	\$289,626,204	
2001	\$88,400,000	\$39,303,470	\$12,855,981	\$ 99,317,500	\$287,242,459	

* Includes Community Services Dollars

**This is a Federal Appropriation that is distributed to the counties for service funding.

***Counties are allowed to raise a maximum of \$125,781,981

As noted earlier, the State Payment Program pays for services for persons who do not have legal settlement in an Iowa county. Currently, the State Payment Program services 450 persons with mental retardation and developmental disabilities, and 1,500 persons with mental illness or chronic mental illness.

Iowa is one of the few states that have jurisdictional residency laws. A person must live in a county for 1 year without service provision to gain “legal settlement”. Individuals that never gain “legal settlement” become part of the State Payment Program. This program allows these individuals the same access to services as other residents of their county. Historically, the State Payment Program has used the same income eligibility and funded the same services as the individual’s county of residence. (For example, if John Doe lives in Polk County, but does not have legal settlement in Polk County, he may still receive the same services as if he had Polk County legal settlement.) Recently, DHS has had to institute limits to State Payment Program funding, because the state appropriation for the State Payment Program has not been sufficient to fully cover all the services persons would be eligible for. Effective July 1, 2004, DHS froze provider payment rates in the State Payment Program and limited eligibility to persons below 150% of poverty.

Data trends. There has been a shift over the last several years in the funding for disabilities services – with significant increase in the percentage of funding coming from the federal and state government. The increase in federal funding has been largely due to the expansion of Medicaid services, including Home and Community Based Waiver services. The increase in state percentage has been due to passage of SF69 (Property Tax Relief) and subsequent allowed growth appropriations.

Source of Funding	FY 1993 Percentage	FY 2001 Percentage
Federal	32%	43%
State	21%	37%
County	47%	20%
Total	100%	100%

Unmet needs. No study of unmet needs has been completed, although it could be helpful to do one if funding were available.

Program effectiveness. No comprehensive evaluation has been completed on the services funded through this system. The MHMRDDBI Commission’s Redesign recommendations do emphasize the use of evidenced based practices for disability services, as well as the development of a management information system that would allow collection and analysis of data on consumer outcomes.

System Improvement

The MHMRDDBI Commission has proposed that legal settlement be eliminated as part of the MHDD Adult System Redesign and replaced with eligibility based on residency. As a result, the county of residence would administer the funding of services for all persons with a disability. The MHMRDDBI Commission has recommended that this change be phased in over a number of years. Under this offer, DHS is proposing that beginning in FY 06, that the funding normally appropriated for the state payment program be allocated to the counties, and that counties be responsible for managing and paying for services for persons who lack legal settlement in an Iowa county based on the person's county of residency.

OFFER JUSTIFICATION

Improve Iowan's Health

The Department of Human Services continues to work with counties and service providers in helping individuals with disabilities live their lives in the communities of their choice. These individual are using providers of services, whom they trust and care about, to provide the services needed to maintain them in the environment of choice. Iowa's disability system is very much in alignment with the President's New Freedom Initiative, especially recommendations 2.1-Develop an individualized plan of care for every adult with a serious mental illness, 2.2-Involve consumers and families in orienting the mental health system toward recovery, 2.4-Involve consumers and families in orienting the mental health system toward recovery, 3.2-Improve access to quality care in rural and geographically remote areas, and 5.2-Advance evidence-based practices using dissemination and demonstration projects. Iowa is also moving ahead addressing subjects related to the Olmstead US Supreme Court decision and the Governor of Iowa issued an Executive Order that "hereby order and direct the heads of state agencies to undertake steps to identify and address barriers to community living for individuals with disabilities and long term illnesses in Iowa".

The State of Iowa, county governments, service providers and individuals with disabilities continue to collaborate to increase community capacity, find new and innovative ways to provide services, look at new services (best practices), increase employment opportunities (for the individuals with disabilities), and in general, to make all communities more accommodating and inclusive for all people.

Safe Communities

Persons with disabilities want to live in safe communities, just as the rest of us want this. Services and supports help maintain people and help keep communities safe. There are programs available to help individuals with anger management, preventative services for mental health issues and substance abuse. There are training programs for individuals with disabilities to help them get into the workforce.

New Economy

People with disabilities can be maintained, with proper supports, in the communities and living environments of their choice. These people are one of the untapped 'resources' for the workforce. Many communities are actively helping maintain jobs for persons with disabilities and are helping to train people to fill job openings. Communities that are disability service strong continue to grow and flourish. Many people choose to live in places where there are services available for their family members and where diversity is embraced.

This offer includes administrative functions and local staff necessary to deliver services effectively and efficiently. Service levels under this offer assume any salary adjustment for IDHS staff is fully funded.

PERFORMANCE MEASUREMENT AND TARGET:

Increase the number of individuals served under the county management systems	5%
Increase the number of individuals using community services vs. congregate services	10%
Proportion of funding that supports community services vs. congregate services*	
Proportion of funding that that supports recovery oriented programs for persons with mental illness*	
Proportion of funding that supports employment*	

* Current statutory language directs DHS to allocate and send the counties the appropriated dollars as long as the required expenditure and statistical reports are submitted. Statutory change would be needed to hold counties accountable for additional performance measures or consumer results, as well as to mandate that counties report additional data to DHS. DHS would also need to have the technology to support outcomes reporting (see offer H 401_29).

PRICE AND REVENUE SOURCE

Expense Description	Amount of Expense	FTE's
Allocations to Counties	\$154,389,015	9.4
Total	\$154,389,015	9.4

Revenue Description (State General Fund Appropriations)	Amount
Property Tax Relief	\$95,000,000
Allowed Growth	28,507,362
MHDD Community Services	17,757,890
State Payment Program	12,303,944
General Administration	625,548
General Administration (Federal Funds)	194,271
Total	\$154,389,015

IDENTIFYING INFORMATION**Offer Identifier:** H_401_20F**Offer Name:** Comprehensive Family Support (Family Support Program appropriation)**This offer is for a (pick one):**☐ new activity☒ improved existing activity (describe the improvements in your narratives below)☐ status quo existing activity**Result(s) Addressed:****Primary: Improve Iowans' Health**

- All Iowans have access to quality care – behavioral/developmental care, and continuity of care
- Improve quality of life – strengthen and support families, and community based services for persons with special needs and vulnerable populations
- Improving the health care system – care coordination, and cross system referrals and coordination

Secondary: Improve Student Achievement

- Secure and nurturing families – family stability

Participants in the Offer: DHS**Person Submitting Offer:** Kevin Concannon, Director, DHS**Contact Information:** Mary Nelson, 281-5521, mnelson1@dhs.state.ia.us**Code: 225C.35-.45;****Appropriations: Child and Family Services Appropriation****OFFER DESCRIPTION**

DHS is proposing to merge The Family Support Subsidy (FSS) and Children at Home (CAH) into the one statewide program that provides **Comprehensive Family Support (CFS)**. The current FSS program provides a monthly stipend of \$353.29 to 378 children with a developmental disability each month. Children at Home is a pilot program in 14 counties, it provides cash and counseling to families. Families request aid as specific needs arise. The CAH program first checks to see what other resources could be available to the family. They also ask the family what they can afford to contribute.

In order to develop the Comprehensive Family Support program, DHS has applied for and received a Family Support 360 planning grant from the federal government. This grant will provide \$100,000 dollars of federal funds to create a one-stop family resource center. We want to use these funds to plan for the statewide expansion of the Comprehensive Family Support program.

In addition this grant will allow DHS to purchase technical support to modify a software program called “Seamless” developed by the Department of Elder Affairs. This software will enable families to apply for multiple services with a single application. By using this technology any partner agency can function as a virtual one-stop resource center for families.

This program is intended to help parents keep children in their home or in a community based setting as close to home as possible. DHS is proposing to use the CFS to assist children who are at Glenwood and Woodward move out of those resource centers and into 3 bed Residential Based Supported Community Living - RBSCL (a service under the MR Waiver). This will allow children to live in the least restrictive setting while still getting the services they need.

Currently \$1.6 million of the state appropriation pays for direct family subsidy payments and \$0.3 million pays for the services of the Children at Home program, which are similar to the self-directed care proposal for the adult disabilities system. Under the new plan those ratios will be reversed, not all at once but in a three year phase-in. Under the revised program subsidy payments will be limited to children who qualify for a residential level of care, including children who are being cared for at home.

Phase-in plan. In year one (FY 06), families that currently get the family support subsidy will be notified that program eligibility requirements will change at the beginning of FY 07. Families on the current FSS waiting list will be notified that the stricter eligibility requirements will go into effect on July 1, 2005. They will have to meet the more strict requirements of the Comprehensive Family Support Program when they apply for FY 06 benefits.

The services of Children at Home will be expanded to serve all counties in Iowa over the next three years. During FY 05, an RFP process will be developed to identify community based programs that want to administer a local Comprehensive Family Support site. The current Children at Home sites will be considered for possible expansion into surrounding counties. Every effort will be made to collaborate with and build upon existing family support services to reduce start up costs and to minimize future administrative costs. This has worked very well in the current Children at Home sites. Federal and private sources of support will be explored to support the expansion of family support services.

OFFER JUSTIFICATION

Raising a child with a developmental delay or special health care needs is challenging; family support services are in place to help families cope with these challenges. However, Iowa families that contact DHS for help often report that they are angry and frustrated by the confusing array of programs, services, funding sources, and eligibility requirements they face when trying to locate resources for their children. Families deserve a family support system that cuts across agency boundaries and directly links families to many services and support programs.

One problem with the current FSS program is that there are 265 children on the current waiting list; it takes 3 to 4 years for a family to come to the top of the list. This means that the crucial years from birth to age three are excluded from this program. Many families move during the wait period and the program cannot find them when they do become eligible. We suspect that many families do not apply due to the long waiting period.

Children who have extreme needs could receive a monthly stipend but the revised Comprehensive Family Support program would take into account all the benefits a child receives as well as the means of the family. Currently only net taxable income is used to determine financial eligibility.

Currently there are 52 RBSCL slots available to eligible children. DHS is proposing to expand the number of slots to move 15 additional children from resource centers into community settings in FY06. All of these children are eligible for SSI benefits, however SSI does not cover the entire monthly maintenance cost of \$625. The current monthly SSI payment is \$564 (less a personal allowance of \$30 per month). The projected short fall is \$91 per month per 67 children for a total of \$73,160. (See budget detail below)

Projected FY06 Budget detail for expanding RBSCL slots

Item	# Of Children	Monthly maintenance per child	Annual maintenance for all children	SSI payment per child	Personal allowance per child	Total shortfall
Expanding available beds	15	625	112,500	564	30	16,380
Current beds available	52	625	390,000	564	30	56,780
Total	67	625	502,500	564	30	73,160

The current daily census at Glenwood and Woodward Resource Centers is 41. If 15 children move to community based setting in FY06 there will still be 26 additional children that could move out in subsequent years. There is also potential growth from children who could go directly into a community setting that are not being served by Woodward or Glenwood.

Improve Iowan's Health

This program will improve Iowan's health by helping more children remain at home or in the least restrictive setting. It has been clearly shown that children who live at home as opposed to an institution live longer. For example, when children with Down's syndrome were routinely placed in institutions, they used to have an average life expectancy of 7 years. Now that most are cared for at home their life expectancy is 47 years.

Improving Student Achievement

By making Comprehensive Family Support available to children birth to age three, we will be able to take advantage of the most critical period of brain development. Early intervention has been demonstrated effective in helping children overcome or lessen the impact of developmental delays.

PERFORMANCE MEASUREMENT AND TARGET

Fifteen children currently living in a resource center will be able to move into a 3 or 4 bed home. It is estimated that there will be 378 children with developmental disabilities receiving direct payments in FY 06. CAH will provide cash and counseling to about 600 children and their families in FY06.

PRICE AND REVENUE SOURCE

Expense Description	Amount of Expense	FTE's
Comprehensive Family Support Payments (FSS)	\$1,743,623	
Children at Home program	\$333,312	
Administration		
Total	\$2,077,035	

Revenue Description (State General Fund Appropriations)	Amount
Comprehensive Family Support Program	\$2,077,035
Total	\$2,077,035

OFFER FOR IOWANS

IDENTIFYING INFORMATION

Offer Identifier: H_401_04F

Offer Name: Quality Mental Health for Iowans

This offer is for a :

- ☐ new activity
☒ improved existing activity
☐ status quo existing activity

Result(s) Addressed:

Primary Results:

Improve Iowans' Health

- All Iowans Have Access to Quality Care:
 - Acute/Emergency Care
 - Behavioral/Developmental Care including substance abuse and mental health treatment
- Improve Quality of Life
 - Safe and Healthy Living Environment for children, people with special needs and vulnerable populations
- Improving the Health Care System: Ensure Availability and Quality Medical and Health Providers

Secondary Results:

Safe Communities

- Prevention: Adult Self-Sufficiency—improve mental health, reduce substance abuse

Education

- Improving Student Achievement: Ready-To-Learn Students: Health of Learners—access to health care
- Secure and Nurturing Families: Family Health—medical; social/emotional

New Economy

- Local Economic Development
- New Economy: Education Workforce: Skills for New Economy

Participants in the Offer: Department of Human Services

Person Submitting Offer: Kevin Concannon

Contact Information: Sally Cunningham: scunnin@dhs.state.ia.us, (515) 281-6360

OFFER DESCRIPTION

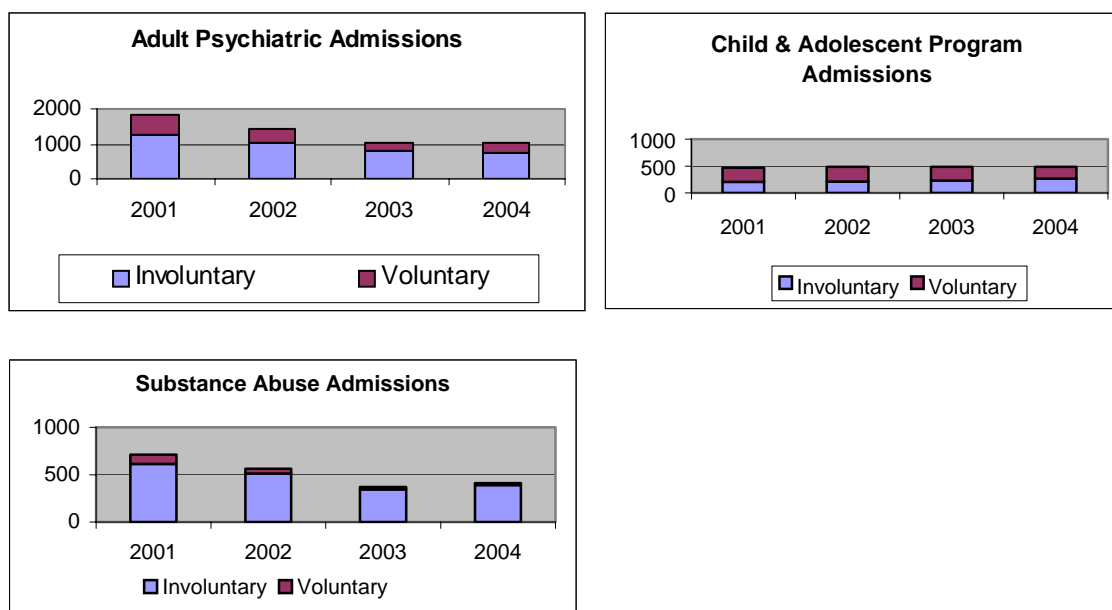
Iowa's four Mental Health Institutes (MHI's) located in Cherokee, Independence, Clarinda and Mt. Pleasant provide critical access to quality mental health care for low-income children and adults. The MHIs serve both voluntarily and involuntarily committed persons.

The facilities are designated in Chapter 226 of the Code of Iowa to provide one or more of the following: treatment, training, care, habilitation, and support of people with mental illness or a substance abuse problem. In addition the MHIs will provide evaluation and treatment for people committed to DHS under Chapter 812, Code of Iowa, who have committed a crime to determine competency to stand for trial and who are not qualified for pre-trial release or will not seek evaluation and treatment on their own.

The MHIs provide five different programs of behavioral care:

- **Acute psychiatric care.** All four facilities offer this service for voluntarily and involuntarily committed adult patients. There are **122 adult acute psychiatric beds**. Cherokee and Independence also offer acute psychiatric services to children and adolescents. There are **37 children and adolescent acute psychiatric beds**. The MHIs constitute 17% of the estimated 943 inpatient psychiatric beds in the State.
- **Acute services for people with a dual diagnosis** of substance abuse and mental illness. Mt Pleasant offers this service in a unit with **15 dual diagnosis beds**.
- **Substance abuse treatment services in a 30-bed unit** at in the Iowa Residential Treatment Center (IRTC) at Mt. Pleasant. This program is a 30-day treatment model and has approximately 1/3 of the total number of residential substance abuse treatment beds in Iowa.
- **Gero-psychiatric services** for elderly people with a serious mental illness in a **35-bed** long-term care unit at Clarinda.
- **Sub acute care in a psychiatric medical institute for children (PMIC)** level of care in a **30-bed** unit located at Independence.

There is an MHI in each quadrant of the state, which assures critical accessibility for adult psychiatric services. The proportion of involuntary admissions at the MHIs has increased as the number of beds has decreased during the past four years.



During FY 04:

- The MHIs served 2,119 people: 52% in adult psychiatric; 16% in children/adolescents; 6% in dual diagnosis beds; 20% in the substance abuse program and 2% in the gero-psychiatric program.
- The average length of stay for adult psychiatric voluntary admissions was 19.9 days and for involuntary admissions was 50.8 days.
- The average length of stay for child psychiatric voluntary admissions was 30 days and for involuntary admissions was 80 days.
- The average length of stay for all substance abuse treatment admissions was 29 days.
- The average length of stay in the PMIC unit was 194 days

The MHIs also provide training and technical assistance to community based providers and professional education programs.

The MHIs have a total of 688 staff with an approximate \$29,700,000 salary base. The MHIs are major employers within their communities: Cherokee is the 2nd largest employer; Clarinda MHI is the 3rd largest employer; Independence is the largest employer; and Mt Pleasant MHI is the 8th largest employer.

This offer funds the capacity to operate the same number of beds. This offer ensures that Cherokee and Independence retain accreditation by the Joint Commission for the Accreditation of Healthcare Organizations and all four MHIs will continue to meet Department of Inspection and Appeals certification.

Note: this offer assumes that the facilities receive salary adjustment funding.

Expansion of Services

This offer includes state funds to combine with fees for service and other participant funding for the establishment of physician assistant post-graduate training in psychiatry. The residency program is a one-year program and would provide training to three licensed physician assistants. This would be the only such program in the country: it should be noted that Cherokee successfully ran this program for 3 years but had to eliminate it when state and federal funds were reduced in 2003. It is the goal of this program to require participants to provide services in underserved counties or state facilities for one year following completion of the program.

OFFER JUSTIFICATION

Psychiatric Services

The MHIs are the primary inpatient provider for people with chronic mental illness who are involuntarily committed. Community based inpatient units generally serve people with mental illness for short-term acute stabilization.

As a result of budget reductions during the past 4 years the MHIs have decreased their adult psychiatric beds by 40% and their child and adolescent beds by 45%. During this time period, the mix of clients has changed from an even proportion of patients voluntarily and involuntarily admitted to the majority of patients served admitted involuntarily. In addition during this time period, the MHIs have had to periodically initiate waiting lists. During FY 2004 there were times when all adult and child/adolescent MHI acute care beds were full.

In FY 2001 Iowa ranked 31st in the nation in the number of State psychiatric beds per 100,000 population with 13.8 beds (excludes the PMIC program). Since then, Iowa's beds have been reduced by 41% to 8.2 per 100,000 population. In that same ranking table Iowa would place 45th in the nation. Further reduction of bed capacity would seriously jeopardize the ability to address critical psychiatric needs. When people are unable to be admitted they either remain in local general hospital settings or other settings that may be inappropriate for their needs.

Dual Diagnosis Services and Substance Abuse Services

The Dual Diagnosis Unit is a unique program and is structured to integrate both psychiatric and substance abuse treatment services. Reduction of these beds would exacerbate the pressure on the need for acute care psychiatric beds.

The 30-bed substance abuse treatment program is a primary resource for court ordered treatment and for offenders in the Community Based Correctional system. Reduction of these beds would exacerbate the pressure on existing residential substance abuse providers.

Gero-psychiatric Services

The Gero-psychiatric program at Clarinda is the only state facility serving this population group. All of the individuals served in this 35-bed unit have a serious cognitive loss or dementia and 93% exhibit significant behavior problems. Iowa's nursing homes are unable to meet these individuals' needs and they are not appropriate for acute inpatient care.

Psychiatric Medical Institute for Children (PMIC) Services

The Independence PMIC was established to provide additional sub-acute care capacity in Iowa and to serve children whose needs were unmet by community-based providers. Entry to this program is limited to children/adolescents referred by Cherokee and Independence MHIs and by the Iowa Juvenile Home at Toledo when there is no community PMIC that is willing to accept the child. There are 469 community based PMICs.

Enhanced portion of the request: Physician Assistant Residency Program In Psychiatry

Iowa has a shortage of psychiatrists and the rural areas are especially impacted. Seventy-two (73%) of Iowa's ninety-nine counties do not have a psychiatrist and recruitment is extremely difficult. The establishment of a post-graduate training program for physician assistants would begin to address some of this shortage. Under a physician's supervision, licensed physician assistants with this training would be able to perform 95% of a psychiatrist's clinical services. It is estimated that potential employers would range from community providers, clinics, hospitals, Department of Corrections (DOC), Department of Human Services (DHS) to the Iowa Veteran's Home. It is possible that DOC and DHS could create stipends for this program, which would also attract potential trainees. Graduates from this program are more likely to work in a rural area and their salary range is estimated to be \$65,000 to \$75,000. As noted earlier the goal is to create a budget neutral program with ongoing funding coming from a variety of sources. Participants will be required to work one year in Iowa following completion of the program.

PERFORMANCE MEASUREMENT AND TARGET

- 95% of all patients admitted and treated at the MHI acute psychiatric programs will show an improvement in their ability to function (as measured by the Global Assessment of Functioning (GAF) scoring instrument)
- 95% of people receiving residential substance abuse treatment will show a level of improvement that will allow progression to the next stage of treatment or outpatient monitoring.
- Fewer than 2 hours per 100 patient days will be spent in restraints or seclusion for acute psychiatric patients.
- Fewer than 2 hours per 100 patient days will be spent in restraints or seclusion for gero-psychiatric patients.
- Fewer than 5% of patients will sustain injuries of a severity that will require attention by a physician per month.

Enhanced

- 100% of physician assistants will successfully complete the program.

PRICE AND REVENUE SOURCE**Total Price: \$ 50,224,905 State Share= \$45,959,203**

Expense Description	Amount of Expense	FTEs
Administration	\$ 1,335,263	16.46
Support	\$ 9,062,434	0
Direct Service	\$ 39,827,478	677.71
Total	\$ 50,224,905	694.17

Revenue Description	Amount
General Fund Appropriation	\$ 45,959,203
Federal	\$ 76,157
Other	\$ 4,189,545
Total	\$ 50,224,905

Education:	Cherokee	Independence
Appropriation	\$ 149,180	\$ 248,771
DED	\$ 3,547	\$ 25,315
AEA	\$ 93,485	\$ 802,088

Other Description:

Local Government

Refunds and Reimbursements

Rental Income

Routine Maintenance (FY 05 Level)

Title I

Department of Education

Student Nurse Fees

PMIC

Sales

28E income

Maintenance Recoveries

IDEA Grant

CCUSO Per Diem Reimbursement

School Lunch Program

Dietary Sales

Teacher Bonus

Record Fees

PA program

OFFER FOR IOWANS

IDENTIFYING INFORMATION

Offer Identifier: H_401_05F

Offer Name: Quality Services for Person's with Developmental Disabilities

This offer is for a:

- ☐ new activity
- ☒ improved existing activity
- ☐ status quo existing activity

Result(s) Addressed:

Primary Result:

Improve Iowans' Health

- All Iowans Have Access to Quality Care:
 - Behavioral/Developmental Care including substance abuse and mental health treatment
 - Continuity of Care
- Improve Quality of Life:
 - Safe and Healthy Living Environment for children, people with special needs and vulnerable populations
 - Community Based Services for persons with special needs and vulnerable populations

Secondary Result:

Safe Communities

- Prevention: Adult Self-Sufficiency—improve mental health
- Education: Ready-To-Learn Students: Health of Learners

New Economy

- Local Economic Development

Participants in the Offer: Department of Human Services

Person Submitting Offer: Kevin Concannon

Contact Information: Sally Cunningham: scunnin@dhs.state.ia.us, (515) 281-6360

OFFER DESCRIPTION

Iowa's two State Resource Centers (SRCs) at Glenwood and Woodward provide critical access to quality treatment services for children and adults with mental retardation and other related conditions. The SRC's serve persons voluntarily admitted when it has been determined that there are no appropriate community based services (terms of the legally binding Conner Consent Decree) as well as persons who are involuntarily committed.

The SRCs are designated in Chapter 222 of the Code of Iowa and serve as the State's regional resource centers for the purpose of providing treatment, training, instruction, care, habilitation, and support of people with mental retardation or other disabilities.

The SRCs provide:

- **Intermediate Care Facility for Mental Retardation (ICF/MR) Services** which includes the full range of treatment, and habilitation services in a total of **627 beds** by FY 05 year end (366 at Glenwood and 261 at Woodard).
- **Time Limited Assessments** to assist community providers develop treatment plans so they are able to continue serving their clients.
- **Home and Community Based Waiver Services:**
 - o **Supported Community Living Services:** Services that by the end of FY 05 will serve 75 persons at 20 to 25 locations.
 - o **Other Community Based Services:** Additional waiver services including, respite, supported employment and community outreach/ family centered services for approximately 150 people.
 - o **Technical assistance and training to other community-providers serving persons with mental retardation and developmental disabilities**

The SRC comprise approximately 30% of the 2,255 ICF/MR beds in Iowa and are the primary provider for persons with Court ordered commitments. The majority of the SRC residents have significant behavioral or medical issues. Over 80% of SRC clients have an additional diagnosis of mental illness and 90% of the admissions were prescribed at least one psychotropic medication to treat a mental illness at the time of admission to the SRCs.

During FY 04 the SRCs:

- Served 734 persons: 58 under the age of 18; 45 between the ages of 18 and 20; 590 between the ages of 21 and 64; and 41 persons 65 years of age and older.
- Served 593 voluntarily admitted persons and 141 involuntarily committed persons
- 65% of the clients participate on a regular (daily to weekly) basis in community-based activities off campus.
- 75 % of the clients have paying jobs off and on campus.

This offer expands the current staffing capacity of the SRCs to more effectively provide ICF/MR Services and assumes a reduction of at least 40 additional beds in FY 06. This will enable the facilities to address the concerns raised by the Department of Justice in their investigation of potential violations of client civil rights under the Civil Rights for Institutionalized Persons Act (CRIPA) and to continue to meet the anticipated consent decree. The total increase related to staffing is \$2,004,025. In addition this package continues to fund the ability to provide Time Limited Assessments and technical assistance. The funding for the HCBS Waiver Services offered by the SRCs is included in the Department's Medicaid appropriation and the funding for the provision of family centered services is included in the Child and Family Services Appropriation.

The SRCs have approximately 1,470 staff with a salary base of approximately \$57.3 million. Glenwood is the largest employer in Mills County and Woodward is the largest employer in Dallas County.

The funding in this offer ensures that Glenwood and Woodward continue to retain certification from the Department of Inspection and Appeals for meeting Medicaid ICF/MR standards.

Note: this offer assumes that the facilities receive salary adjustment funding.

Conner Plan

The Department accepts admissions to the SRCs based on expectations outlined in a legally binding Consent Decree established through the United States District Court, Southern District of Iowa in 1994. As

one of the terms of the agreement the Department seeks funding for training provided by the Iowa University Affiliated Program to facilitate the development of and effective transition of persons from the SRCs to community based services.

OFFER JUSTIFICATION

In order to carry out the terms of an impending consent decree with the United States Department of Justice, it will be necessary to add approximately 42 additional staff to address the terms of the consent decree relating to the improvement of health and behavioral health care, treatment planning and successful transition of clients into appropriate community settings. This offer assumes a continued reduction in the number of persons served in both facilities. The offer assumes the continued reduction in numbers of persons served and maintains the ability to provide Time Limited Assessments to assist community providers develop treatment plans for their clients.

PERFORMANCE MEASUREMENT AND TARGET

- Fewer than 15% of consumers treated by the SRC's will require readmission within 180 days of moving from the facility.
- Fewer than 4 hours per 100 patient days will be spent in restraints or seclusion
- Fewer than 5% of SRC clients will sustain injuries of a severity that will require attention by a physician per month.
- The average bi-weekly wage for employed ICF/MR clients will increase by 3% each year.
- 77% of the ICF/MR clients will be employed and be wage earners
- At least 40 additional ICF/MR clients will be transitioned into community programs in FY 06.

PRICE AND REVENUE SOURCE**Total Price: \$ 109,158,523 State share is \$ 21,345,758**

Net Budgeting:

The majority of State facilities are funded in the traditional method with annual state appropriations and salary adjustments meeting the projected budget. Payments for services are billed to responsible parties other than the state and are received by and credited to the general fund.

Net budgeting was developed for the State Resource Centers in FY 1998 as a funding strategy whereby the **annual state appropriation consists of only the estimated state share**. The state share consists of the non-Federal portion of the per diem for children and adults without a county of legal settlement. In addition, the County rate is capped in Chapter 222 of the Code of Iowa and the state share is to cover the difference between that capped rate and the per diem for other adult residents. The facility then has the responsibility to meet the remainder of their projected budget need by billing Medicaid, Counties and other insurance.

Expense Description	Amount of Expense	FTEs
Administration	\$ 1,169,828	12.74
Support	\$ 19,147,601	0.00
Direct Service	\$ 88,907,092	1,520.65
Total	\$ 109,224,521	1,533.39

Revenue Description	Amount
General Fund Appropriation	\$ 21,411,756
Federal (Medicaid)	\$ 55,570,783
County	\$ 18,967,901
Client Participation	\$ 2,881,832
Other *	\$ 10,392,249
Total	\$109,224,521

*Other Revenues are primarily comprised of income from the Home and Community Based Waiver program with the remainder from meals sold and rental income.